

Mr. STEARNS. Mr. Speaker, today I want to share with my colleagues why I believe passage of the cardiac arrest survival act is so important to this country.

If this bill becomes law, it would have the potential of saving thousands and thousands of lives each year. Passage of this act would go a long way towards making the goal of saving the lives of people who suffer sudden cardiac arrest possible. It would ensure that what the American Heart Association refers to as a "cardiac chain of survival" could go into effect.

While defibrillation, which is number three on the list, is the most effective mechanism to revive a heart that has stopped, it is also the least accessed tool we have available to treat victims suffering from heart failure.

Let me tell my colleagues about an experience about a Navy commander, John Hearing's experience. He is a cardiac arrest survivor. On October 9, 1997, stationed in Fallon, Nevada, Navy Commander John Hearing was swimming as part of a semi-annual physical readiness test when he suddenly felt ill. He went to the base clinic and collapsed inside, where Corpsmen immediately started CPR.

Although there was a hospital defibrillator available in the clinic, the emergency medical technicians were not trained to use it. So, of course, they called for help. A doctor arrived and defibrillated him.

After 8 months of limited duty, he was cleared to return to active duty and is currently assigned to the Office of Secretary of Defense.

Commander Hearing's outcome could have been tragic if the doctor had not been available. If the doctor had not been available, the EMTs, who were not equipped with an automated external defibrillator, AED, would have likely watched Commander Hearing die.

Commander Hearing knows how lucky he is today. His experience stands in contrast to another incident at the Pentagon in March of 1998.

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Army Colonel Mike Moake was exercising in the Pentagon Athletic Club early one morning when he experienced a sudden cardiac arrest. Paramedics were called, and bystanders performed CPR on Colonel Moake. Medics arrived more than 20 minutes after his collapse and defibrillated him. They started his heart, but by that time Colonel Moake had suffered irreversible brain damage. Unfortunately, he died 2 weeks later.

If an automated external defibrillator had been available in this case, Colonel Moake's chances of survival would have improved immeasurably. Partly as a result of Colonel Moake's tragic death, the Pentagon is procuring and installing several AEDs. After Commander Hearing's experience in Fallon, Nevada, the Navy procured AEDs for the clinic and ambulances at several other military bases.

The American Heart Association and American Red Cross objective is to advance legislation like the Cardiac Arrest Survival Act so others do not have to die or barely escape death before AEDs are made accessible to them.

Bob Adams also had a dramatic experience that I also would like to share, Mr. Speaker, with my colleagues. This occurred on July 3, 1997. Bob Adams was walking through Grand Central Station in New York City when his heart suddenly stopped and he collapsed. He was 42 years old, a lawyer in a firm of 450 people, a husband, and a father of three young children. He was in perfect health and always had been. From the time he played collegiate basketball at Colgate College up to his current avocation as a NCAA basketball referee, health was a nonissue to him.

Nevertheless, without warning, without any history of heart disease, he went into cardiac arrest the day before a holiday weekend, in a location through which half a million people pass every day.

For Bob, timing was everything. On July 2, the day before he collapsed, the automated external defibrillator that the Metro North Commuter Railroad had ordered for use in Grand Central Station had arrived and the staff had been trained in its use.

Bob's heart was stopped for approximately 5 minutes while the AED was put in place. It was unpacked from its shipping box and everyone hoped it had come with charged batteries. Thanks to the trained staff at the station and an EMT who happened to be present, his life was saved.

Doctors have never discovered what happened to his heart. It simply stopped. Whatever it was, he and his wife Sue, along with their three children, Kimberly, Ryan and Kyle, are very glad there was an AED at Grand Central Station.

Please join with me in cosponsoring H.R. 2498, the Cardiac Arrest Survival Act, and help save lives.

TWO FLOODS AND YOU ARE OUT

The SPEAKER pro tempore (Mr. PETRI.) Under the Speaker's announced policy of January 19, 1999, the gentleman from Oregon (Mr. BLUMENAUER) is recognized during morning hour debates for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, the goal of livable communities is to make our families safe, healthy, and economically secure. Witnessing the devastation that has occurred this last week in the southeastern United States is painful to watch. Thirty-five known dead; others still unaccounted for. Imagine the suffering and disruption of lives and business. It has shown us once again how vulnerable millions of Americans are to natural disaster. The worst floods in years, unforgettable images of disaster, entire families wiped out. We need to help those who are suffering now, but we also need to take steps to

prevent suffering like this in the future because it will happen again.

Hurricane experts suggest we are emerging from a relatively calm weather period to a more active destructive one. Increasing development pressures are resulting in building homes in flood plains around rivers, lakes, and on our coasts. One does not have to believe in global warming to know we have a problem, and it is getting worse.

We have to begin to deal with this in a sensible fashion. We need to look at where we build on coasts and developments in wetlands. We need to look at how we build. Even now there is a battle raging in North Carolina, ironically, about their building codes, arguing over, for instance, whether there should be protections for windows—like storm shutters.

When we have already built, we need to look at how we can best protect property and lives from the devastating impact of natural disaster. Government, in fact, bears some responsibility for allowing and indeed facilitating homes in harm's way by subsidizing repeated flood losses through the National Flood Insurance Program.

Along with the gentleman from Nebraska (Mr. BEREUTER), I have proposed legislation to provide significant new assistance for those who are most at risk to provide \$400 million additional from the years 2001 to 2004 to help flood-proof or relocate people who are facing the greatest risk from repetitive flood loss, the people most in harm's way.

If an offer of mitigation or relocation would be refused under our proposal, then at least the residents who decide to stay in harm's way would be at least required to pay the full cost of their flood insurance, as those who already live in homes that were built or substantially improved starting in 1975 already do. The intent here is not to punish but is to take away the incentive that people are given by the Federal Government to continue to live in hazardous circumstances.

The bill's name, Two Floods and You Are Out—of the Taxpayers' Pocket, might be a bit provocative but the issue goes far beyond money. The goal of the two floods bill is not to eliminate the flood insurance but, rather, the goal is to protect the lives of Americans who live in the path of frequent flooding, to protect the flood insurance program for the 4 million current policyholders, and to protect the American taxpayer.

The flood insurance program cannot continue as it is now. There is a deficit right at this moment of almost three-quarters of a billion dollars and it is climbing. Two percent of the policyholders have claimed 40 percent of all flood insurance payments since 1978. Many of them have chosen to live, sadly, in these areas of greatest conflict.

There is a home in Texas that has received over \$806,000 of flood insurance